

Fill in this information to identify the case:Debtor name **Zen Restoration Inc**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **1-22-40809**
☐ Check if this is an amended filing
Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.
Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Menkos Corp./ Gleason 64-01 Roosevelt Avenue Woodside, NY 11377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Additional Notice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.2	Nonpriority creditor's name and mailing address Abbot Paint 238 Egle Street Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,911.82
3.3	Nonpriority creditor's name and mailing address Allan Mcilvain 501 Market Street Marcus Hook, PA 19061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill - judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,805.18
3.4	Nonpriority creditor's name and mailing address Angel Diaz c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.5	Nonpriority creditor's name and mailing address Bank Direct - Insurance 150 North Field Drive Ste 190 Lake Forest, IL 60045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,397.61
3.6	Nonpriority creditor's name and mailing address Bartlomeij Kochanczyk c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address Bernard Sobus c/o Zen Restoration, Inc. 273 Russell Street Brooklyn, NY 11222 Date(s) debt was incurred <u>Various years</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans/monetary contributions to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875,000.00
3.8	Nonpriority creditor's name and mailing address Bilski Lukasz 102 India Street #4L Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,412.00
3.9	Nonpriority creditor's name and mailing address Black, Marjeh & Sanford 100 Clearbrook Road Suite 345 Elmsford, NY 10523 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Disputed legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179,233.34
3.10	Nonpriority creditor's name and mailing address Bogdan S Koscielny c/o Joseph & Norisberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.11	Nonpriority creditor's name and mailing address BPNY PO Box 2068 Astoria, NY 11102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00

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3.12	Nonpriority creditor's name and mailing address Brozyna Robert 60-25 74th St Middle Village, NY 11379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,587.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Cabuco Matias 1412 Dekalb Ave., Apt# 2L Brooklyn, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,515.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Caiza Carlos 37-40 59th Street Woodside, NY 11377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,301.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Campos Pasten Salatiel Enrique 5101 Hillyer St Elmhurst, NY 11373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,192.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Capital One PO Box 85015 Richmond, VA 23285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,013.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Castro Jose 35-20 94th St Apt#2E Jackson Heights, NY 11372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,456.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Cezary Sawicki c/o Robert Wisniewski 17 State Street, Ste 820 New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
	Chimborazo Fausto	<input type="checkbox"/> Contingent		
	51-01 Hillyer Street, #3F	<input type="checkbox"/> Unliquidated		
	Elmhurst, NY 11373	<input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred __	Basis for the claim: <u>Unpaid Wages - case in the labor department</u>		
	Last 4 digits of account number __	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$350,000.00	
	Chomnalez case	<input type="checkbox"/> Contingent		
	179 East 71st Street	<input type="checkbox"/> Unliquidated		
	Townhouse	<input checked="" type="checkbox"/> Disputed		
	New York, NY 10021	Basis for the claim: <u>partially paid - outstanding balance approx.</u>		
	Date(s) debt was incurred __	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number __			
3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28,364.42	
	Con Edison	<input type="checkbox"/> Contingent		
	4 Irving Place	<input type="checkbox"/> Unliquidated		
	New York, NY 10003	<input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred __	Basis for the claim: <u>Unpaid bill</u>		
	Last 4 digits of account number __	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,633.58	
	Connecticut Saw & Yool	<input type="checkbox"/> Contingent		
	140 Avon Street	<input type="checkbox"/> Unliquidated		
	Stratford, CT 06615	<input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred __	Basis for the claim: <u>Unpaid bill</u>		
	Last 4 digits of account number __	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,180.00	
	Daniec Zdzislaw	<input type="checkbox"/> Contingent		
	1760 66 Street	<input type="checkbox"/> Unliquidated		
	Brooklyn, NY 11204	<input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred __	Basis for the claim: <u>Unpaid Wages</u>		
	Last 4 digits of account number __	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
	Dariusz Stopyra	<input type="checkbox"/> Contingent		
	c/o Joseph & Norinsberg	<input type="checkbox"/> Unliquidated		
	225 Broadway, Ste 2700	<input checked="" type="checkbox"/> Disputed		
	New York, NY 10007	Basis for the claim: <u>Unpaid Wages</u>		
	Date(s) debt was incurred __	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number __			
3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,059.97	
	DeLage Landen	<input type="checkbox"/> Contingent		
	1111 Old Eagle School Rd	<input type="checkbox"/> Unliquidated		
	Suite 1	<input checked="" type="checkbox"/> Disputed		
	Wayne, PA 19087	Basis for the claim: <u>Unpaid bill</u>		
	Date(s) debt was incurred __	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number __			

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3.26 Nonpriority creditor's name and mailing address Dota Jonny 43-18 Elbertson Street Elmhurst, NY 11373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,176.00
3.27 Nonpriority creditor's name and mailing address Dota Jose 43-18 Elbertson Street Elmhurst, NY 11373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,851.00
3.28 Nonpriority creditor's name and mailing address Everest National Insuranc 100 Everest Way Warren, NJ 07059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,182.36
3.29 Nonpriority creditor's name and mailing address Fromelc Marian 83-25 98th Str, #5G Woodhaven, NY 11421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.30 Nonpriority creditor's name and mailing address Gabor Fazekas 75-59 Metropolitan Ave Middle Village, NY 11379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.31 Nonpriority creditor's name and mailing address Galindo Samuel 109-26 Westside Ave Corona, NY 11368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,152.00
3.32 Nonpriority creditor's name and mailing address GILSON/McPHEE 7975 N Central Drive Wayne, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,441.00

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3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$54,302.47
	Gleason Paint 65-01 Roosevelt Ave Woodside, NY 11377	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid bill - judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$31,221.44
	Grant Supplies 39-15 21st Street Long Island City, NY 11101	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Greenpoint Mixed Use, LLC Jaspan Schlesinger, LLP 300 Garden City Plaza 5th Floor Garden City, NY 11530	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Foreclosure Action</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Henryk Sagan c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,457.00
	Jeglinski Roman 1474 East 32nd Street Brooklyn, NY 11234	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Johnny PD Torres c/o Joesph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>unpaid wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Jose I. Guazhima c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.40	Nonpriority creditor's name and mailing address Jose R. D. Torres c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address Joseph & Norinsberg, LLC 110 East 59th Street Suite 3200 New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only-Representing numerous FLSA Plaintiffs in Case against Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Julio M. Caraballo 24-05 Marion Avenue, #6A Bronx, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address Julius Blum PO BOX 816 Carlstadt, NJ 07072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,255.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address Kochanczyk Bartlomiej 1066 Cypress Ave Ridgewood, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address Kolano Andrzej 1274 64th St Apt#B-10 Brooklyn, NY 11219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,070.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Komorowski Slawomir 91 05 97th Ave Ozone Park, NY 11416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.47	Nonpriority creditor's name and mailing address Kruszewski Witalis 102 India Str., # 1L Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
3.48	Nonpriority creditor's name and mailing address Kunikowski Lech 1860 75th Str #2R Brooklyn, NY 11204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,045.00
3.49	Nonpriority creditor's name and mailing address Kuras Stanislaw 297 Eckford Street #2L Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,187.50
3.50	Nonpriority creditor's name and mailing address Kutyla Marcin 1274 64th Street Apt#AB Brooklyn, NY 11219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,525.00
3.51	Nonpriority creditor's name and mailing address Lech S Kunikowski c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.52	Nonpriority creditor's name and mailing address Lenoble Lumber 38-20 Review Avenue Long Island City, NY 11101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,009.29
3.53	Nonpriority creditor's name and mailing address Lenoble Lumber c/o City Marshal Bienstock 36-35 Bell Boulevard Bayside, NY 11361 Date(s) debt was incurred <u>Notice Only</u> Last 4 digits of account number <u>5871</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Zen Restoration Inc		Case number (if known)	1-22-40809
	Name			
3.54	Nonpriority creditor's name and mailing address Lewis Brisbois 633 W5th Street Suite 4000 Los Angeles, CA 90071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.55	Nonpriority creditor's name and mailing address Lipski Robert 627 Humboldt Street Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,040.00	
3.56	Nonpriority creditor's name and mailing address Luis Patricio Rodgriez Sepa c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.57	Nonpriority creditor's name and mailing address Marcin Kutyla c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.58	Nonpriority creditor's name and mailing address Marly Building 858 Meeker Ave Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,450.70	
3.59	Nonpriority creditor's name and mailing address Menkos Corp dba Gleason Paints 65-01 Roosevelt Ave Woodside, NY 11377 Date(s) debt was incurred <u>1/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered 1/25/2021</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,160.34	
3.60	Nonpriority creditor's name and mailing address Modern Sprinkler 50 Middland Ave Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,807.05	

Debtor Zen Restoration Inc Name		Case number (if known) 1-22-40809
3.61	Nonpriority creditor's name and mailing address Mr. Chimney 529 Rocland Ave Mamaroneck, NY 10543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,695.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address Mr.T Carting 7310 Edsall Ave Ridgewood, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,434.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address National Grid Accounts Processing KEDLI One Metro Tech Center Brooklyn, NY 11201-3948 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,103.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address New York City Water Board Dept. of Environmental Pr 59-17 Junction Blvd., Ban 13th Floor Elmhurst, NY 11373-5108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$155.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address New York State Department of Labor Claim Service PO Box 611 Albany, NY 12201-0611 Date(s) debt was incurred <u>2/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65,614.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Speculated Amt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address New York State Department of Labor Claim Service PO Box 611 Albany, NY 12201-0611 Date(s) debt was incurred <u>7/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,103.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Speculated Amt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address New York State Department of Labor Claim Service PO Box 611 Albany, NY 12201-0611 Date(s) debt was incurred <u>10/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,611.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Speculated Amt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Zen Restoration Inc Name	Case number (if known)	1-22-40809
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3.68	Nonpriority creditor's name and mailing address New York State Department of Labor Claim Service PO Box 611 Albany, NY 12201-0611 Date(s) debt was incurred <u>1/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Speculated Amt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$466.72
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3.69	Nonpriority creditor's name and mailing address Nowwo 80 Anthony St Brooklyn, NY 11222 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,670.20
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3.70	Nonpriority creditor's name and mailing address NOWWO Ltd c/o Murray S Lubitz Esq 245 Main Street White Plains, NY 10601 Date(s) debt was incurred <u>4/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered 4/26/2021</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,439.37
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3.71	Nonpriority creditor's name and mailing address Paterek Lukas 2125 Amory Ct. Ridgewood, NY 11385 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,872.00
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3.72	Nonpriority creditor's name and mailing address Paterek Lukas c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unpaid wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.73	Nonpriority creditor's name and mailing address PAYOMATIC PO BOX 313430 Jamaica, NY 11431 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,900.00
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3.74	Nonpriority creditor's name and mailing address Pelc Jerzy Stanislaw 60-18 Fresh Pond Road Maspeth, NY 11378 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,670.00
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Debtor Name	Case number (if known)	
Zen Restoration Inc	1-22-40809	
3.75 Nonpriority creditor's name and mailing address Peter Furtkevic c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.76 Nonpriority creditor's name and mailing address Piatek Wacław 8817 Bay Parkway #1E Brooklyn, NY 11214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,880.00
3.77 Nonpriority creditor's name and mailing address Pieczykolan Mariusz c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.78 Nonpriority creditor's name and mailing address Pomaski Marek 17-01 Stephen St Ridgewood, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,040.00
3.79 Nonpriority creditor's name and mailing address Poweska Tomasz 61 Hausman St Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,906.00
3.80 Nonpriority creditor's name and mailing address Prisciliano F Guzman 47-50 47th Street, #3B Woodside, NY 11377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.81 Nonpriority creditor's name and mailing address Pullutaci Raul 220 Suydam St Brooklyn, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,328.00

Debtor Name	Case number (if known)	
Zen Restoration Inc	1-22-40809	
3.82 Nonpriority creditor's name and mailing address Quick Containers 340 Beach 89th Street Far Rockaway, NY 11693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,200.00
3.83 Nonpriority creditor's name and mailing address Quill PO Box 37600 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,558.43
3.84 Nonpriority creditor's name and mailing address Ramocki Jan 1724 62nd Street Brooklyn, NY 11204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,620.00
3.85 Nonpriority creditor's name and mailing address Ready Refresh Poland Spring PO Box 856192 Louisville, KY 40285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,848.87
3.86 Nonpriority creditor's name and mailing address Richeliu 7021 Sterling Ponds Blvd Sterling Heights, MI 48312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,229.00
3.87 Nonpriority creditor's name and mailing address Rivera Nelson 229 Starr St #L1 Brooklyn, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$874.00
3.88 Nonpriority creditor's name and mailing address Rodriguez Patricio 21-103 52th Ave Corona, NY 11368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,488.00

Debtor	Zen Restoration Inc		Case number (if known)	1-22-40809
	Name			
3.89	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$30,891.34
	Rosenzwaig Lumber 801 East 135 St Bronx, NY 10454	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid bill - judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Rosenzweig Lumber Corp c/o Levy, Davis & Maher 39 Broadway, Suite 1920 New York, NY 10006	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,736.00
	Sadowski Robert 1349 40th Apt#2 Brooklyn, NY 11218	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Salatiel E.C. Pasten c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.93	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Samuel G Juarez c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.94	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$12,717.00
	Segundo Oswaldo 37-66 101 Street, #2FL Corona, NY 11368	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.95	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Segundo R.P. Toasa c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)	
Zen Restoration Inc	1-22-40809	
3.96 Nonpriority creditor's name and mailing address Siewarga Henryk 73 North Henry Str, #1C Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,750.00
3.97 Nonpriority creditor's name and mailing address Signature Bank Card 565 Fifth Ave New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number 6954	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,439.63
3.98 Nonpriority creditor's name and mailing address Sitarz Andrzej 5956 56 th Ave, #3 Maspeth, NY 11378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,392.00
3.99 Nonpriority creditor's name and mailing address Stanislaw R Siurda c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.100 Nonpriority creditor's name and mailing address Storczynski Zbigniew 60-24 Bleeker St #2 Ridgewood, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,200.00
3.101 Nonpriority creditor's name and mailing address Szafran Edward 12 First Street Staten Island, NY 10306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,152.00
3.102 Nonpriority creditor's name and mailing address Szafranec Ryszard 69-48 Juniper Blvd S Middle Village, NY 11379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,132.00

Debtor Name	Case number (if known)	
Zen Restoration Inc	1-22-40809	
3.103 Nonpriority creditor's name and mailing address Szczubelek Wojciech 151-31 88th Street apt#3G Howard Beach, NY 11414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,664.50
3.104 Nonpriority creditor's name and mailing address Tarnacki Miroslaw 66-15 69 Street, #3C Middle Village, NY 11379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,380.00
3.105 Nonpriority creditor's name and mailing address Tarnawski Leszek 152 Kent Street Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,154.00
3.106 Nonpriority creditor's name and mailing address Tarnawski Mariusz 557 Woodward Ave Apt#3R Ridgewood, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,315.00
3.107 Nonpriority creditor's name and mailing address TD Bank 6000 Atrium Way Mount Laurel, NJ 08054-3918 Date(s) debt was incurred ____ Last 4 digits of account number <u>3858</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,267.13
3.108 Nonpriority creditor's name and mailing address TD Bank 6000 Atrium Way Mount Laurel, NJ 08054-3918 Date(s) debt was incurred ____ Last 4 digits of account number <u>4759</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,327.13
3.109 Nonpriority creditor's name and mailing address TD Bank 6000 Atrium Way Mount Laurel, NJ 08054-3918 Date(s) debt was incurred ____ Last 4 digits of account number <u>7335</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,551.60

Debtor Zen Restoration Inc Name		Case number (if known) 1-22-40809	
3.110	Nonpriority creditor's name and mailing address The Volakos Law Firm 120 Bay Ridge Ave Brooklyn, NY 11220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>returned checks</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,820.05
3.111	Nonpriority creditor's name and mailing address W.B. Mason 59 Centre St Brockton, MA 02301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,875.43
3.112	Nonpriority creditor's name and mailing address W.W. Grainger 58-45 Grand Ave Maspeth, NY 11378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,469.22
3.113	Nonpriority creditor's name and mailing address Wojdat Marek 7258 61th Street Ridgewood, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
3.114	Nonpriority creditor's name and mailing address Workers Comp Board 328 State Street Schenectady, NY 12305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address Workers Comp. Board c/o James R.McGinn, Esq. 328 State Street Schenectady, NY 12305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,000.00
3.116	Nonpriority creditor's name and mailing address Worth Capital Markets 45 Rockefeller Plaza 20th Floor New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,507.12

Debtor	Zen Restoration Inc Name	Case number (if known)	1-22-40809
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3.117	Nonpriority creditor's name and mailing address Zaremba Mirosław 6350 Wetherole Str, #3F Rego Park, NY 11374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,294.00
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3.118	Nonpriority creditor's name and mailing address Zawadzki Robert 53 Willow Pl. Albertson, NY 11507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,182.00
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3.119	Nonpriority creditor's name and mailing address Zawojski Krzysztof 148 S 7th Street Bethpage, NY 11714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,389.53
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Andrzej Kolano c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Bilski Lukasz c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	Gabor Fazekas c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	Jerzy Pelc c/o Robert Wisniewski 17 State Street, Ste 820 New York, NY 10004	Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	Julio M. Caraballo c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor Zen Restoration Inc Name		Case number (if known) 1-22-40809
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.6	Karen Cacace Chief of Labor Bureau 28 Liberty Street New York, NY 10005	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____
4.7	Leszek Tarnawski c/o Robert Wisniewski 17 State Street, Ste 820 New York, NY 10004	Line <u>3.105</u> <input type="checkbox"/> Not listed. Explain _____
4.8	Marek Pomaski c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.78</u> <input type="checkbox"/> Not listed. Explain _____
4.9	Marek Wojdat c/o Robert Wisniewski 17 State Street, Ste 820 New York, NY 10004	Line <u>3.113</u> <input type="checkbox"/> Not listed. Explain _____
4.10	Marian Fromelc c/o Robert Wisniewski 17 State Street, Ste 820 New York, NY 10004	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____
4.11	Mariusz Tarnawski c/o Robert Wisniewski 17 State Street, Ste 820 New York, NY 10004	Line <u>3.106</u> <input type="checkbox"/> Not listed. Explain _____
4.12	Menkos Corp dba Gleason c/o Krane Law 7600 Jericho Tpke Ste 300 Woodbury, NY 11797	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____
4.13	Menkos Corp dba Gleason c/o Camin & Gronich PLLC 105 Maxess Rd, Ste 124 Melville, NY 11747	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____
4.14	Menkos Corp dba Gleason c/o City Marshal Martin Bienstock 36-35 Bell Blvd Bayside, NY 11361	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____
4.15	Miroslaw Tarnacki c/o Robert Wisniewski 17 State Street, Ste 820 New York, NY 10004	Line <u>3.104</u> <input type="checkbox"/> Not listed. Explain _____
4.16	NOWWO Ltd 80 Anthony St Brooklyn, NY 11222	Line <u>3.70</u> <input type="checkbox"/> Not listed. Explain _____

Debtor Zen Restoration Inc Name		Case number (if known) 1-22-40809
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.17	NOWWO Ltd c/o City Marshal Martin Bienstock 36-35 Bell Blvd Bayside, NY 11361	Line <u>3.70</u> <input type="checkbox"/> Not listed. Explain _____ 4762
4.18	Office of the Attorney General 28 Liberty Street New York, NY 10005	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____ —
4.19	Prisciliano F Guzman c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.80</u> <input type="checkbox"/> Not listed. Explain _____ —
4.20	Robert I. Elan, Esq. 14 Vanderventer Avenue Port Washington, NY 11050	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____ —
4.21	Robert Lipski c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____ —
4.22	Robert Sadowski c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.91</u> <input type="checkbox"/> Not listed. Explain _____ —
4.23	Roman Jeglinski c/o Joseph & Norinberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____ —
4.24	Samuel Galindo c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____ —
4.25	Seth Kupferberg Assistant Atty General 28 Liberty Street New York, NY 10005	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____ —
4.26	Slawomir Komorowski c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.46</u> <input type="checkbox"/> Not listed. Explain _____ —
4.27	Stainislaw Kuras c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.49</u> <input type="checkbox"/> Not listed. Explain _____ —
4.28	Waclaw Piatek c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line <u>3.76</u> <input type="checkbox"/> Not listed. Explain _____ —

Debtor Zen Restoration Inc <small>Name</small>	Case number (if known) 1-22-40809
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Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.29 Zbigniew Storczyński c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line 3.100 <input type="checkbox"/> Not listed. Explain ____	—
4.30 Zdzisław Daniec c/o Joseph & Norinsberg 225 Broadway, Ste 2700 New York, NY 10007	Line 3.23 <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 2,385,887.56
5c.	\$ 2,385,887.56

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

X

In re:
Zen Restoration Inc

Case No. **1-22-40809**

Chapter **11**

Debtor(s).

X

AFFIDAVIT PURSUANT TO E.D.N.Y. LBR 1009-1(a)

Zen Restoration Inc, undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter **11** of the Bankruptcy Code on **April 19, 2022**.
2. Filed herewith is an amendment to **E/F** [indicate list(s), schedule(s) or statement(s) being amended] previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.

Schedule E/F has been amended to include additional Creditors

4. [If creditor records have been added or deleted, or mailing addresses corrected] An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: **May 26, 2022**

/s/ Bernard Sobus

Bernard Sobus

(Signature of Debtor)

Sworn to before me this _____
day of _____, _____.

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

X

In re:
Zen Restoration Inc

Case No. **1-22-40809**

Chapter **11**

Debtor(s).

X

AFFIDAVIT PURSUANT TO E.D.N.Y. LBR 1009-1(a)

Zen Restoration Inc, undersigned debtor herein, swears as follows:

- Debtor filed a petition under chapter **11** of the Bankruptcy Code on **April 19, 2022**.
- Filed herewith is an amendment to **Schedule D and E/F** [indicate list(s), schedule(s) or statement(s) being amended] previously filed herein.
- Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.

Schedule D has been amended to add IRS tax lien and correct IRS amount from \$69067.68 to \$269667.68. Additional tax liens have been added for New York State DTF, New York State Dept of Labor, Workers Compensation Board, NYC Environmental Control Board. Pedro Chomnalz and Maria A. Chomnalez have been added as creditors. Amount was corrected for Signature Bank from \$1,250,000.00 to \$1,125,000.00.

Schedule E/F has been amended to include several new creditors and addresses for notification.

- [If creditor records have been added or deleted, or mailing addresses corrected] An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: **7/8/2022**

/s/ Bernard Sobus

Bernard Sobus

(Signature of Debtor)

Sworn to before me this _____
day of _____, _____.

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

<p>_____ x</p> <p>In re: Zen Restoration Inc</p> <p style="text-align: center;">Debtor(s).</p> <p>_____ x</p>	<p>Case No. <u>1-22-40809</u></p> <p>Chapter 11</p>
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AFFIDAVIT PURSUANT TO E.D.N.Y. LBR 1009-1(a)

Zen Restoration Inc, undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter **11** of the Bankruptcy Code on **April 19, 2022**.
2. Filed herewith is an amendment to **Schedule D** [indicate list(s), schedule(s) or statement(s) being amended] previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.

Schedule D has been amended to include a new Tax Lien for NYC Environmental Board and all references of Signature Bank have been replaced by Humboldt Industrial LLC.

4. [If creditor records have been added or deleted, or mailing addresses corrected] An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: **8/2/2022**

/s/Bernard Sobus

Bernard Sobus

(Signature of Debtor)

Sworn to before me this _____
day of _____, _____.

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

<p>_____ x</p> <p>In re: Zen Restoration Inc</p> <p style="text-align: center;">Debtor(s).</p> <p>_____ x</p>	<p>Case No. <u>1-22-40809</u></p> <p>Chapter 11</p>
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AFFIDAVIT PURSUANT TO E.D.N.Y. LBR 1009-1(a)

Zen Restoration Inc, undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter **11** of the Bankruptcy Code on **April 19, 2022**.
2. Filed herewith is an amendment to **Schedule E/F** [*indicate list(s), schedule(s) or statement(s) being amended*] previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.

Schedule E/F has been amended to include Rosenzqwig Lumber Corp, Workers Compensation Board of NY, Menkos Corp, and Worth Capital.
4. [*If creditor records have been added or deleted, or mailing addresses corrected*] An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: **9/23/2022**

/s/ Bernard Sobus

Bernard Sobus

(Signature of Debtor)

Sworn to before me this _____
day of _____, _____.

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

X

In re:
Zen Restoration Inc

Case No. **1-22-40809**

Chapter **11**

Debtor(s).

X

AFFIDAVIT PURSUANT TO E.D.N.Y. LBR 1009-1(a)

Zen Restoration Inc, undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter **11** of the Bankruptcy Code on **April 19, 2022**.
2. Filed herewith is an amendment to **Schedule E/F** [*indicate list(s), schedule(s) or statement(s) being amended*] previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.

Schedule E/F was amended to include Bernard Sobus and Lenoble Lumber.

4. [*If creditor records have been added or deleted, or mailing addresses corrected*] An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: **10/27/2022**

/s/ Bernard Sobus

Bernard Sobus

(Signature of Debtor)

Sworn to before me this _____
day of _____, _____.

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

X

In re:
Zen Restoration Inc

Case No. **1-22-40809**

Chapter **11**

Debtor(s).

X

AFFIDAVIT PURSUANT TO E.D.N.Y. LBR 1009-1(a)

Zen Restoration Inc, undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter **11** of the Bankruptcy Code on **April 19, 2022**.
2. Filed herewith is an amendment to **Schedule E/F** [indicate list(s), schedule(s) or statement(s) being amended] previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.

Schedule E/F has been amended to add Black Marjieh and Lewis Brisbois as creditors.

4. [If creditor records have been added or deleted, or mailing addresses corrected] An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: **December 4, 2022**

/s/ Bernard Sobus

Bernard Sobus

(Signature of Debtor)

Sworn to before me this _____
day of _____, _____.

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.